



October 19, 2015

Announcement 999

## Attention Provider Types 30, 38, 39, 48, 55, 57, 58, 59 and 83: Claims Must Include ICD-10 Diagnosis Code per 5010 Regulations

Effective with dates of service on or after October 1, 2015, Home and Community Based Waivers, Personal Care Services, Intermediary Service Organizations and Adult Day Health Care providers (provider types 30, 38, 39, 48, 55, 57, 58, 59 and 83) will need to bill their claims with the correct ICD-10 diagnosis code.

Claims with dates of service on or after October 1, 2015, without the ICD-10 diagnosis code will be denied.

It is acceptable for provider types 30, 38, 39, 48, 55, 57, 58, 59 and 83 to use any of the following **ICD-10 diagnosis codes**:

Diagnosis codes used on claims with dates of service <u>before October 1, 2015</u>		Diagnosis codes used on claims with dates of service <u>on or after October 1, 2015</u>	
ICD-9 Code	Description	ICD-10 Code	Description
V6089	Housing/economic PBX NEC	Z741	Need for assistance with personal care
V604	No family able to care	Z742	Need for assistance at home and no other household member able to render care
V6089	Housing/economic PBX NEC	Z743	Need for continuous supervision
V6089	Housing/economic PBX NEC	Z748	Other problems related to care provider dependency
V609	Housing/economic PBX NOS	Z749	Problem related to care provider dependency, unspecified

Claims for codes Z741 and Z742 submitted by provider types 30, 48, 58 and 83 between October 1, 2015, and October 8, 2015, that denied inappropriately have been reprocessed. The reprocessed claims will be reflected on remittance advices dated October 16, 2015.

**All Providers Note:** Do not use decimal points in diagnosis codes when submitting claims through Allscripts-Payerpath. Providers who have claims that have been denied for using an ICD-9 diagnosis code may resubmit the claims electronically and within timely filing in accordance with the above information.